

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CHECK RECOVERY LOG☐ Burglary☐ Mysterious Disappearance

Date of Occurrence: _____

Client's Name: _____

Address: _____ City: _____

State: _____ ZIP Code: _____

Phone Number: () _____ Amount of Check: \$ _____

Date of Check: _____ Departmental Receipt Number _____

Initial contact made by: _____

Date: _____

Response received: _____

Date written request sent: _____ (within 3 days of the telephone contact)

PLEASE USE CERTIFIED MAIL

Mail receipt number: _____ Date mailed: _____

Was a replacement check received within thirty (30) days?

_____ YES _____ NO

Additional contact made: (A replacement check must be issued within 10 days)

Date: _____

Response received: _____

Other efforts made to recover lost check: _____

